

FILED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32943**  
Registrar's No. **8566**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8566</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary.</b>				d. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Walter</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Frombough.</b>	
4. DATE OF DEATH		Month <b>Sept.</b>		Day <b>9</b>		Year <b>1952</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>married</b>		8. DATE OF BIRTH <b>11-7-1874</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____		10. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PROP-STORE-RETIRED CONFECTIONARY</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Lafayette, Ind.</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Lafayette, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Phillip Frombough</b>		13b. MOTHER'S MAIDEN NAME <b>Katheryn ???? ?</b>	
14. NAME OF HUSBAND OR WIFE <b>Ethel Scott. FROMBROUGH</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>City Inf. Records</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive arteriosclerotic heart disease</b>  ANTECEDENT CAUSES DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>generalized arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>				22. I hereby certify that I attended the deceased from <b>Sept. 27, 1949</b> , to <b>Sept. 9, 1952</b> , that I last saw the deceased alive on <b>Sept. 9, 1952</b> , and that death occurred at <b>10:45 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Palmer Duane Bowditch M.D.</b>		23b. ADDRESS <b>5800 Arsenal St.</b>		23c. DATE SIGNED <b>9-10-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>9-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. White</b>	
DATE REC'D BY LOCAL REG. <b>SEP 12 1952</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>		ADDRESS <b>Ferguson, Mo.</b>		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*L M White*

Licensed Embalmer No. *3973*

P. O. Address

*Herguson M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.